

17 August 2009

Division of Global Migration and Quarantine
Centers for Disease Control and Prevention (CDC)
U.S. Department of Health and Human Services
Attn: Part 34 NPRM Comments
1600 Clifton Road, NE, MS E-03
Atlanta, GA 30333

Re: Docket # CDC-2008-0001

Dear Sir or Madame:

I write on behalf of the nine national refugee resettlement agencies which – together with the Departments of State, Homeland Security, and Health and Human Service – are partners with the U.S. Refugee Admissions Program. We – with our affiliate networks of local community based organizations throughout the United States – are responsible for ensuring that refugees are welcomed and integrated into local communities, that they become economically self-sufficient as early as possible.

We welcome the proposal to remove HIV from the list of “communicable diseases of public health significance,” and concur that the HIV testing requirement is neither necessary nor desirable for routine examinations of most foreign nationals seeking entry to the United States as lawful permanent residents or non-immigrants. Since HIV remains a serious health threat to both the individual and the community, we urge that mandatory testing overseas continue for refugees.

As CDC notes on Federal Register page 31802 in the Notice of Proposed Rulemaking, “Currently, refugees who are HIV infected must be granted a waiver by the Department of Homeland Security before entering the U.S. Subsequently, refugees infected with HIV who are present in the U.S. and apply for adjustment to permanent resident status must be re-examined and granted another waiver from DHS at that time (i.e., the grant of waivers permits these individuals to obtain refugee status, and later, permanent resident status despite being HIV-infected, which would otherwise render them inadmissible). We have not explicitly included refugees and TPS-turned permanent residents in our analysis, however, because: (i) These persons, compared to the other immigrants, enter the U.S. under extraordinary circumstances; (ii) the numbers are relatively small; and, (iii) the proposed change in regulations is not likely to have a significant impact on the annual number of HIV-infected refugees admitted to the U.S. and who later become permanent residents because such persons generally receive a waiver of inadmissibility for HIV infection under current procedures. Thus, the numbers of admitted HIV-infected refugees who are subsequently granted permanent resident status are likely to stay the same, regardless of regulations in place. That is, the HIV infected refugees-turned-permanent residents are part of the baseline scenario.”

We agree with CDC's analysis that “the proposed change in regulations is not likely to have a significant impact on the annual number of HIV-infected refugees admitted to the U.S...because such persons generally receive a waiver of inadmissibility for HIV infection under current procedures.” However, the proposed rule change will have a significant impact on the health and well-being of such refugees, and for that reason we urge CDC to continue to require testing of refugees for HIV infection, even though such testing should not be relevant to issues of admissibility.

We urge mandatory testing for refugees because – as CDC notes – refugees “compared to the other immigrants, enter the U.S. under extraordinary circumstances.” Most refugees live under very precarious circumstances in their countries of first asylum, and – for reasons of both medical accessibility and cultural

taboos – are usually not tested for HIV infection until they are screened for admissibility to the United States by a panel physician. Under the current waiver process, refugees who test positive are seldom excluded from the United States but; rather, are placed with voluntary agencies in the United States that are best able to ensure that HIV positive refugees receive the treatment which they need. Without mandatory testing, these refugees would not likely be aware that they are HIV positive, and would therefore not receive the necessary treatment to ensure good health.

In other words, we fear that doing away with mandatory testing for refugees would cost some refugees and their loved ones their health and their lives.

Additionally, resettlement agencies are responsible for making placement decisions for refugees destined to the United States, very often the health condition of a refugee can have a direct bearing on the most appropriate placement. Many communities have already developed linguistic and culturally appropriate services for refugees who are HIV positive, and resettlement agencies work diligently to direct placement to these areas whenever possible. It should be noted that the agencies currently receive information on many Class B medical conditions that require follow up upon arrival and that information is critical in making placement decisions.

While CDC is correct in noting that the number of HIV-infected refugees is “relatively small”; this is relative only to the total number of immigrants and non-immigrants who enter the United States. CDC omits any mention the actual number of refugees admitted with HIV. There is no reason to believe that the rate of HIV infection among refugees is any higher or lower than that of immigrants. In our experience, however, the number is – in fact – significant enough to justify testing; at least among those populations which come from regions with non-negligible rates of infection. Furthermore, since other health screening will continue within the overseas processing, the infrastructure necessary for maintaining these tests is already in place.

CDC might be inclined to simply direct local resettlement agencies to encourage refugee applicants to be tested upon arrival. Once again, however, cultural taboos and the inevitable culture shock faced by refugees as they integrate into society make it very difficult to encourage newly arrived refugees to volunteer for HIV screenings. In the current economic climate, local refugee resettlement agencies are already overstretched trying to ensure that refugee arrivals find employment in order to keep a roof over their heads. Giving them the additional unfunded mandate to promote HIV screening will be yet another strain on the U.S. Refugee Admissions Program.

If after careful consideration CDC is to reject our suggestion to continue mandatory testing overseas for refugees, we would urge that all the resources which would have been spent on testing is re-programmed to refugees' HIV education and testing.

In summary, refugees should continue to be tested overseas to ensure that they receive proper treatment – both prior to travel and upon arrival in the United States. The focus of the screening, however, must be the health of the refugee and his or her family – not admissibility.

Thank you very much for your consideration.

Sincerely,